



# USEA / NEA MEMBERSHIP APPLICATION

Please print legibly in dark ink and return this form to:

USEA Membership

864 E Arrowhead Lane, Murray, UT 84107

FAX: 801-269-9324 EMAIL: membership@useautah.org

Office Use: Member #: \_\_\_\_\_

NAME (First, Middle, Last)		DISTRICT	DISTRICT EMPLOYEE NUMBER	WHAT BUILDING DO YOU WORK IN?
PHYSICAL ADDRESS		MAILING ADDRESS (IF DIFFERENT)		
CITY, STATE, ZIP		SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX- _____	GENDER (Optional) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
DATE OF BIRTH (MM/DD/YYYY)		PERSONAL EMAIL ADDRESS		
CELL PHONE	HOME PHONE	WORK PHONE		
WHAT IS THE JOB TITLE YOUR DISTRICT REFERS TO YOU AS?		POLITICAL PARTY (Optional)	REGISTERED VOTER (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION <input type="checkbox"/> Clerical Services <input type="checkbox"/> Custodial Services <input type="checkbox"/> Food Services <input type="checkbox"/> Health/Student Services <input type="checkbox"/> Paraeducators (Instructional/Non-Instructional) <input type="checkbox"/> Security Services <input type="checkbox"/> Skilled Trade Services/Maintenance <input type="checkbox"/> Technical Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____				
ETHNIC GROUP (Optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
HOURS WORKED PER WEEK		WORK DAYS PER YEAR		FOR OFFICE USE ONLY
<input type="checkbox"/> More than 20 hours per week <input type="checkbox"/> More than 10 hours – 20 hours per week <input type="checkbox"/> 10 hours or less per week		<input type="checkbox"/> 0–199 days (9 months) <input type="checkbox"/> 200–219 days (10 months) <input type="checkbox"/> 220-239 days (11 months) <input type="checkbox"/> 240+ days (12 months) <input type="checkbox"/> Hourly		
<b>MEDIA AND TEXT RELEASE</b>				
1. I hereby grant permission to USEA and NEA to use all images of me recorded by video, audio, or still photography from USEA and NEA related functions. I understand the USEA and NEA have the right to edit and use my image or recording as they see fit, including on social media and print. I understand that there is no obligation to use my appearance. 2. I authorize USEA and NEA to send me occasional text messages. Please check appropriate boxes: <b>Media</b> <input type="checkbox"/> <b>Opt-In</b> <b>Text</b> <input type="checkbox"/> <b>Opt-In</b> <b>CELL PHONE</b> _____				
<input type="checkbox"/> EFT - Electronic Funds Transfer <i>(Enter EFT payment information on reverse side)</i>		The USEA is hereby authorized and directed to deduct the specific sum certified by USEA or its designated local and to pay the dues to USEA or its designated local by EFT as indicated. I may revoke this dues deduction authorization by submitting a written directive to the USEA or its designated local. <i>Dues deductions will be on the 10<sup>th</sup> or 25th day of each month or the next business day if either day falls on the weekend – choose your date on the back of this application.</i>		
<input type="checkbox"/> Payroll Deduction		I hereby authorize the District to deduct dues for the Utah School Employees Association and its local and national affiliates as may be established and certified from time to time by those organizations, from my pay each month and to remit those dues to USEA. By signing this application I understand and agree that: this authorization to deduct dues may be revoked by submitting a written revocation to the District; such revocation does not terminate membership in USEA or in its local or national affiliates or the obligation to pay monthly dues, and; my membership in USEA and its local and national affiliates continues until a written notice of cancellation is received at the main office of USEA or until it is otherwise terminated pursuant to bylaws, policies, or procedures of those organizations.		

**Telephone Consumer Protection Act (TCPA) Consent** – By providing my phone number, I understand that the National Education Association and its affiliates including the Utah School Employees Association, the local association, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Utah School Employees Association and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

**YES to Membership Commitment** – I want to join with my fellow employees and become a member of the Utah School Employees Association, my local association and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all associations. I hereby designate USEA and its local and national affiliates as my exclusive bargaining representatives.

I authorize USEA and/or its designee to contact my employer for the purpose of securing verification of my gross annual salary/pay and information related to my benefits (i.e. Health Insurance coverage, leave, etc.). I also authorize USEA to request my contact information including, but not limited to, my physical address, mailing address, phone number, email, work location, hours worked, etc.

Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, USEA or any of their affiliates. This information will be kept confidential. Dues payments are not deductible as charitable contributions for federal income tax purposes

**I UNDERSTAND THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.**

APPLICANT'S SIGNATURE	DATE	REFERRED BY (please print full name)
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—Please See Information on Reverse Side—

**EFT – ELECTRONIC FUNDS TRANSFER INFORMATION**

**Please attach a voided check for checking account.  
(No deposit slips)**

Name on Account: \_\_\_\_\_

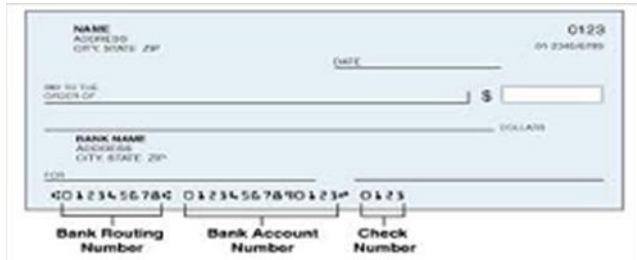
Billing Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:    \_\_\_ Checking       \_\_\_ Savings

Bank Routing # (9 digits): \_\_\_\_\_

Bank Account #: \_\_\_\_\_



*I authorize the Utah School Employees Association (USEA) to initiate credit or debit entries to my account with the financial institution named to the side. I authorize those payments to be made on a recurring basis, payable in monthly installment as set forth above.*

*I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transition of recurring payment shall not constitute the termination of my membership in my local association, USEA or NEA. I further understand that USEA will notify me via email to the address provided on this application if a transaction is rejected and I shall have seven (7) calendar days to provide updated debit account information to continue my payments for annual dues, fees, and assessments. I further understand that if the payment is returned, there will be a \$20.00 charge associated.*

Pick one EFT withdrawal date:

- 10<sup>th</sup> of each month       25<sup>th</sup> of each month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you been an education support professional?

- First year
- 1-5 years
- 6-10 years
- 10+ years

2. How many hours do you work per week?

- Less than 10 hours per week
- 10 or more but less than 20 hours per week
- 20 or more but less than 30 hours per week
- 30 or more hours per week

3. What areas of support would be most useful to help you and your students succeed?

- Student Behavior
- Classroom/Workplace Management
- Access to mentors and/or coaches
- Relevant Professional Development
- CPR/First Aid Training
- Communication Skills Training
- Other \_\_\_\_\_

4. Which of the following areas are the most important to you?

- Student Bullying/Suicide Prevention
- Child Nutrition
- Special Education
- Educating the Whole Student
- Privatization/Outsourcing
- Leadership Training
- Advocacy Training/Grievance Training
- College Affordability

**If filling out this form online – print filled out application, sign and date, attach voided check (if applicable) and return to USEA via USPS, fax or email as indicated at the top of application.**